CHRONIC TOXICITY SUMMARY

PHENOL

(Carbolic acid, phenylic acid, phenyl hydroxide)

CAS Registry Number: 108-95-2

I. Chronic Toxicity Summary

Inhalation reference exposure level	**200 µg/m^3** (50 ppb)
Critical effect(s)	Twitching, muscle tremors, neurological impairment; elevated serum liver enzymes in rats
Hazard index target(s)	Alimentary system; circulatory system; kidney; nervous system

II. Physical and Chemical Properties (From HSDB, 1995, 1999; ATSDR, 1989)

Description	Colorless to light pink solid
Molecular formula	C_6H_5OH
Molecular weight	94.11 g/mol
Density	1.0576 g/cm^3 @ 20° C
Boiling point	181.75° C
Melting point	40.9° C
Vapor pressure	0.3513 torr @ 25° C
Odor threshold	40 ppb (150 µg/m^3) (Amoore and Hautala, 1983)
Solubility	86,000 ppm in water, very soluble in alcohol, carbon tetrachloride, acetic acid and liquid sulfur dioxide; soluble in chloroform, ethyl ether, carbon disulfide; slightly soluble in benzene
Henry's Law Constant	3.97 x 10^{-7} ATM-m^3 /mol (25 °C)
Conversion factor	1 ppm = 3.85 mg/m^3

III. Major Uses or Sources (HSDB, 1995)

Phenol is obtained from coal tar and is widely used as a disinfectant for industrial and medical applications. It also serves as a chemical intermediate for manufacture of nylon 6 and other man-made fibers and for manufacture of epoxy and other phenolic resins and as a solvent for petroleum refining. Approximately half of the U.S. consumption is directly related to the housing and construction industries, in applications such as germicidal paints and slimicides. Phenol is present in the atmosphere as an emission from motor vehicles and as a photooxidation product of benzene. The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California, based on the most recent inventory, were estimated to be 234,348 pounds of phenol (CARB, 1999).

IV. Effects of Human Exposures

The information that is available on the health effects of phenol exposure to humans is almost exclusively limited to case reports of acute effects of oral exposure (Bruce *et al.*, 1987), dermal exposure (Griffiths, 1973), or occupational exposures, including some exposure by inhalation (Dosemeci *et al.*, 1991; Ohtsuji and Ikeda, 1972; Connecticut Bureau of Industrial Hygiene, undated). Data in animals are consistent with human data and show phenol to be well absorbed by oral, dermal, and inhalation routes of exposure. Severe chronic poisoning manifests in systemic disorders such as digestive disturbances including vomiting, difficulty swallowing, ptyalism (excess secretion of saliva), diarrhea, and anorexia (Bruce *et al.*,

1987; Baker *et al.*, 1978). Phenol poisoning is associated with headache, fainting, vertigo, and mental disturbances (Bruce *et al.*, 1987; Gosselin *et al.* 1984) which are likely symptoms of neurological effects well documented in animal studies. Ochronosis, or discoloration of the skin, and other dermatological disorders may result from dermal phenol exposure (Deichmann and Keplinger, 1962; Bruce *et al.*, 1987). Several investigators (Truppman and Ellenby, 1979; Warner and Harper, 1985) have reported that the use of phenol in the surgical procedure of skin peeling can produce cardiac arrhythmias although specifics of dose received were not determined and would be expected to be high.

Human exposure studies in which populations were exposed to phenol over longer periods of time (subchronic and chronic) are limited and have serious deficiencies including multiple chemical exposures, in many cases small size of exposed populations, and lack of information on dose received.

Occupational studies make up the majority of subchronic/chronic studies available on human health effects associated with phenol exposure. Merliss (1972) described muscle pain and weakness of unknown etiology, enlarged liver, and elevated serum enzymes (LDH, GOT, and GPT) characteristic of liver damage in an individual with intermittent inhalation and dermal exposures to phenol, cresol and xylenol. Bruze (1986) noted that a number of phenol-formaldehyde based resins are dermal irritants and contact sensitizers. Johnson *et al.* (1985) examined 78 iron and steel foundry workers with multiple chemical and aerosol exposures that included phenol and found more respiratory symptoms in the phenol exposed group. However, multiple exposure to diphenyl methane diisocyanate, formaldehyde, and silica containing aerosols prevented determination of the effects of phenol. Baj *et al.* (1994) examined twenty-two office workers exposed for six months via inhalation to a commercial product containing formaldehyde, phenol and chlorohydrocarbons. At the end of the six month period the indoor air of the workers contained 1,300 $\mu g/m^3$ of formaldehyde and 800 $\mu g/m^3$ of phenol. The eight workers with the highest concentrations of phenol in their urine had decreased erythrocyte and T-helper lymphocyte numbers and increased numbers of eosinophils and monocytes compared to controls. The multiple chemical exposure of this study prevents concluding that these effects are attributable to phenol exposure. In a study of hospital workers Apol and Cone (1983) documented dermal effects in workers exposed to a number of chemicals including phenols contained in disinfectants. This study however could not document any differences in urinary levels of phenol metabolites between control populations and exposed populations and could not assign any of the dermal effects seen to phenol or other substances in the work environment. Dosemeci *et al.* (1991) conducted a follow-up study to evaluate mortality in 14,861 workers in five manufacturing facilities producing or using phenol and formaldehyde. Arteriosclerotic heart disease, emphysema, disease of the digestive system, and cirrhosis of the liver were inversely related to the extent of phenol exposure. Due to multiple chemical exposures the effects of phenol alone could not be identified with any certainty.

Baker *et al.* (1978) completed a study of 39 individuals exposed to drinking water contaminated with phenol for a period of 4-8 weeks. Doses of phenol were estimated to range between 10 mg/day and 240 mg/day. Effects seen included increased incidence of diarrhea, mouth sores and irritation of the oral cavity.

Two occupational studies are of note since they reported NOAELs. Workers exposed continuously for an unspecified period of time to an average air concentration of 4 ppm phenol experienced no respiratory irritation (Connecticut Bureau of Industrial Hygiene, undated). No adverse effects were reported among workers in a Bakelite factory who were exposed to levels of phenol up to 12.5 mg/m^3 (3.3 ppm) (Ohtsuji and Ikeda, 1972). In this study urinary phenol levels were measured and were observed to return to pre-exposure levels within 16 hours after exposure indicating a relatively rapid clearance of phenol from the body that was confirmed in a study by Piotrowski (1971). Ohtsuji and Ikeda (1972) did not clearly indicate the number of workers sampled or the duration of exposure.

V. Effects of Animal Exposures

In animal studies, a number of subchronic and chronic studies employing oral and inhalation routes of exposure are available as well as shorter term studies using the dermal route of exposure. Responses observed in animal studies include: pulmonary damage (inhalation exposure), myocardial injury (inhalation and dermal exposure), liver damage (inhalation exposure), renal damage (inhalation exposure),

neurological effects (inhalation exposure), developmental effects (oral exposure) and dermal effects (dermal exposure). Comparison of the three routes of exposure found that oral exposure was less effective at producing systemic toxic effects possibly due to the rapid metabolism of phenol to sulfate and glucuronide conjugates by the gastrointestinal tract. Comparison of health effects among studies using dermal, oral and inhalation routes of exposure finds that inhalation is a sensitive route of exposure for laboratory animals.

Several subchronic inhalation studies of health effects from phenol exposure are available but no inhalation studies longer than 90 days could be identified. Deichmann *et al.* (1944) exposed guinea pigs, rats, and rabbits to concentrations of phenol between 26 and 52 ppm for 28-88 days depending on species. Guinea pigs exposed for 7 hours per day, five days per week, for four weeks, displayed signs of respiratory difficulty and paralysis primarily of the hind quarters, indicating neurological effects. Five of twelve animals exposed at this concentration died at 28 days. At necropsy, extensive myocardial necrosis, lobular pneumonia, fatty degeneration of the liver, and centrilobular hepatocellular necrosis were observed in all animals exposed at this level. Guinea pigs that were necropsied at 41 days also exhibited pulmonary inflammation, pneumonia, bronchitis, endothelial hyperplasia, and capillary thrombosis. Rabbits exposed at these same concentrations did not exhibit any signs of discomfort, but showed similar findings at necropsy at 88 days. Rats were less sensitive in this study with an apparent NOAEL of 26 ppm phenol for these effects. In this study, guinea pigs were the most sensitive species. Limitations of the Deichmann study include the range of exposure concentrations and the lack of a control group.

Sandage (1961) exposed Sprague-Dawley rats, mice and rhesus monkeys for 90 days continuously to 5 ppm phenol. Sandage found no effects on pulmonary, cardiovascular, hematological, hepatic, or renal systems, thus defining free-standing NOAELs for these systemic effects in these species. Limitations of this study include absence of guinea pigs (previously identified as the most sensitive species in the Deichmann study) and lack of a demonstrated dose response to the effects of phenol.

Dalin and Kristofferson (1974) examined the effects of phenol on the nervous system in rats exposed continuously for 15 days to a concentration of 26 ppm phenol and found muscle tremors, twitching and disturbances in walking rhythm and posture after 3-5 days exposure. After 15 days exposure, severe neurological impairment as measured by decreased performance on tilting plane test was found. The Dalin and Kristofferson (1974) study also documented elevated serum concentrations of LDH, GOT, GPT, and GDH indicative of liver damage in animals exposed to 26 ppm phenol continuously for 15 days.

The NCI (1980) study of the carcinogenicity of phenol is the most complete chronic study using the oral route of exposure. Mice and rats were exposed for 103 weeks to concentrations of phenol in their drinking water of 100, 2500, 5000, and 10,000 ppm. NOAELs in the mouse of 523 mg/kg/day (5000 ppm in drinking water) and NOAELs in the rat of 630 mg/kg/day (5000 ppm in drinking water) were observed for effects on the respiratory system, cardiovascular system, gastrointestinal system, hepatic system, renal system, and the brain based on histological examination of tissues. Male rats exposed to the 5000 ppm had a higher incidence of kidney inflammation (94%) than controls (74%). No tests of kidney function were performed in this study.

Boutwell and Bosch (1959) reported on the results of a chronic study in mice involving skin painting of 1.2 mg phenol or 2.5 mg phenol for a 52 week period. A NOAEL of 1.2 mg/animal for a 52 week exposure for dermal effects was found.

No multi-generational studies evaluating reproductive or developmental effects under chronic exposure conditions could be identified. Jones-Price *et al.* (1983a) reported that pregnant rats dosed orally with 0, 30, 60, and 120 mg/kg/day on gestation days 6-15 exhibited reduced fetal weight in a dose-related manner. However, no teratogenic effects or fetal deaths were observed. In a following study Jones-Price *et al.* (1983b) reported that pregnant mice dosed orally with 0, 70, 140, and 280 mg/kg/day on gestation days 6-15 exhibited decreased maternal weight gain, tremors, and increased maternal mortality at the 280 mg/kg/day dose. In the fetus reduced growth, decreased viability, and increased incidence of cleft palate were seen at the 280 mg/kg/day dose.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Sandage, 1961; Dalin and Kristofferson, 1974
Study population	Mice, Sprague Dawley rats and rhesus monkeys
Exposure method	Continuous inhalation
Critical effects	Systemic effects including liver and nervous system effects
LOAEL	26 ppm (Dalin and Kristofferson, 1974)
NOAEL	5 ppm (Sandage, 1961)
Exposure continuity	Continuous
Average exposure concentration	5 ppm for NOAEL group
Human equivalent concentration	5 ppm for NOAEL group (gas with systemic effects, based on RGDR = 1.0 using default assumption that lambda (a) = lambda (h))
Exposure duration	90 days
Subchronic uncertainty factor	3
LOAEL uncertainty factor	1
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	0.05 ppm (50 ppb; 0.2 mg/m^3 (200 $\mu g/m^3$)

No suitable human studies were available for use since exposures were short term or occupational in nature with insufficient ancillary information (e.g., duration of exposure) or did not determine dose. Of the three routes of exposure available, inhalation appears to be the most sensitive based on the number and intensity of systemic effects noted (Deichmann *et al.*, 1944) relative to oral exposure (NCI, 1980). In support of this, ATSDR (1989) notes that the gastrointestinal tract has a large capacity to metabolize phenol to sulfate and glucuronide conjugates which appear likely to be less toxic than the parent compound, thus NOAELs derived from oral studies may not be applicable for other routes of exposure. The Deichmann *et al.* (1944) study identified guinea pigs as the most sensitive species. However, this study had a number of serious deficiencies including absence of controls, significant variability in the concentrations of phenol used in their exposure, and exposure that was not continuous. Since alternative studies using guinea pigs could not be identified, the rat was chosen as an alternative species since the rat has the most similar metabolic profile for metabolism of phenol to that of humans (ATSDR, 1989; Capel *et al.*, 1972). The Sandage (1961) study was chosen over other available studies since it was the longest in duration (90 days), had a continuous exposure, and evaluated three species (rats, mice, monkey). NOAELs determined in the Sandage study for systemic effects in all three species examined were 5 ppm, consistent with the idea that 5 ppm is a NOAEL for a number of species. Although this is a free-standing NOAEL, a subsequent study in rats indicated that nervous system and hepatic effects occur at a concentration of 26 ppm after several days (Dalin and Kristofferson, 1974).

The 5.0 ppm standard for phenol in the workplace (ACGIH, 1988; OSHA, 1985; NIOSH, 1976) is considered protective of the health of workers exposed occupationally but does not consider sensitive populations and is not for continuous exposure conditions. The workplace standard is consistent with reports indicating that no respiratory irritation occurred among workers exposed regularly to 4 ppm phenol (Connecticut Bureau of Industrial Hygiene, undated) and no adverse effects were mentioned among workers exposed to 3.3 ppm (Ohtsuji and Ikeda, 1972). Neither report was considered appropriate to be the basis of a REL. However, for the sake of comparison adjusting the reported NOAEL of 4 ppm to continuous exposure and dividing by an intraspecies uncertainty factor of 10 results in an estimated chronic REL of 140 ppb, in reasonable agreement with the proposed REL of 50 ppb.

VII. Data Strengths and Limitations for Development of the REL

The major strength of the key study is the observation of a NOAEL from a continuous exposure study involving exposure of several different species. The primary uncertainties are the lack of adequate human health effects data, the lack of multiple concentration inhalation exposure studies demonstrating a dose-

response relationship, the lack of animal studies longer than 90 days, and the lack of studies with guinea pigs, which have previously been identified as a sensitive species for phenol.

VIII. References

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